

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Application No.: **To be assigned**
 Filing Date: **Concurrently h r with**
 Attorney Docket No.: **US20030359**
 Inventor Name(s): **Jay C. Landsi del t al.**
 Title: **DISHWASHER AND ADJUSTABLE RACK**
 Express Mail Label No. **EV 118532679 US**

APPLICATION ELEMENTS

ADDRESS TO: Mail Stop Patent Application
 Commissioner for Patents
 Alexandrai, VA 22313-1450

- ☒ Fee Transmittal Form
- ☒ Patent Application data Entry Form
- ☒ Specification comprising (26) pages, (39) claims.
- ☒ Drawings (Twenty) (20) sheets
- ☒ Declaration and Power of Attorney

22581 U.S. PTO
 10/717768

 112003

ACCOMPANYING APPLICATION PARTS


- ☒ Assignment Papers (cover sheet and document(s))
- ☐ Information Disclosure Statement (IDS)/PTO-1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard
- ☐ Other:

IF A CONTINUING APPLICATION

☐ Non-Provisional of Provisional ☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of
 prior application No: **Filed:**

CORRESPONDENCE ADDRESS

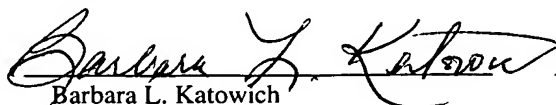
Name	WHIRLPOOL PATENTS COMPANY – MD 0750				
Address	500 Renaissance Drive Suite 102				
City	St. Joseph	State	Michigan	Zip Code	49085
County	Berrien	Telephone	269-923-5470	Fax	269-923-5778

Name	JOHN F. COLLIGAN	Registration No.	Date
Signature		48,240	11/20/03

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: 11-20-03


 Barbara L. Katowich

FEE TRANSMITTAL FORM


Application No.: To be Assigned
 Filing Date: Concurrently herewith
 Inventor(s): Jay C. Landsiedel et al.
 Title: DISHWASHER AND ADJUSTABLE
 RACK
 Attorney Docket No.: US20030359

Total Amount of Payment **\$1,112.00-**

CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$770.00	\$770.00
Total Claims	39	-20	19	x \$18 =	342.00
Independent Claims	2	-3	0	x \$86=	0
TOTAL FEE =					\$1,112.00

CLAIMS AS AMENDED - PART II						
AMENDMENT A	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$86	
TOTAL FEE =						\$

AMENDMENT B	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$86	0
TOTAL FEE =						0

SUBMITTED BY:			
Name	JOHN F. COLLIGAN		Registration No. 48,240
Signature			Date: 11/20/03

Charge Deposit Account No. 23-1660 in the amount of **\$1,112.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account 23-1660.